

**IDAHO STATE BOARD OF PSYCHOLOGIST EXAMINERS  
BUREAU OF OCCUPATIONAL LICENSES  
1109 Main Street, Suite 220  
Boise, Idaho 83702-5642**

**APPLICATION FOR PSYCHOLOGY LICENSE**

**Include a \$200.00 application fee & either a \$25.00 exam processing fee or a \$100.00 endorsement fee with this application.**

I hereby submit my qualifications and application for a Psychology license in the State of Idaho under the provisions of Title 54, Chapter 23, Idaho Code, and provide the following:

1. **Full Name** (Mr., Mrs., or Ms.) \_\_\_\_\_
2. **Mailing address** \_\_\_\_\_  
Street/PO Box City State Zip
3. **Business address** \_\_\_\_\_  
Street/PO Box City State Zip
4. **Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Place of Birth** \_\_\_\_\_ **Social Security No.** \_\_\_\_/\_\_\_\_/\_\_\_\_  
month day year  
(Proof of age must be attached. A copy of your birth certificate, passport, military ID, or valid driver's license is acceptable.)
5. **Daytime phone** \_(\_\_\_\_)\_\_\_\_\_ **Fax** \_(\_\_\_\_)\_\_\_\_\_ **E-mail** \_\_\_\_\_
6. **Attained Baccalaureate degree from** \_\_\_\_\_ on \_\_\_\_\_ with Major in \_\_\_\_\_
7. **Attained Masters degree from** \_\_\_\_\_ on \_\_\_\_\_ with Major in \_\_\_\_\_
8. **Attained Doctorate degree from** \_\_\_\_\_ on \_\_\_\_\_ with Major in \_\_\_\_\_  
You must document either a doctoral degree in Psychology OR a doctoral degree in a field related to Psychology, which meets the requirements outlined under Rule 500, and complete Addendum 1 & 2. Official university/college transcripts noting that the degree has been conferred must be received by this office directly from the school registrar.
9. **List the department of the university/college awarding the degree noted in item 8.** \_\_\_\_\_
10. **List the title of the degree program** (e.g. Clinical Psychology; Counseling Psychology; etc.) \_\_\_\_\_
11. **Was the program approved by the A.P.A. at the time the degree was awarded?** [ ]Yes [ ]No
12. **Who was your major advisor for the doctoral program?** \_\_\_\_\_
13. **What was the title of your dissertation?** \_\_\_\_\_
14. **Please list the name and address of your primary internship supervisor, the beginning & ending dates, and location below:**  
(Internship does not count toward #15 below.)

Onset date	completion date	internship site
Intern supervisor name, title, and address		

15. **At least two (2) years (2000 hours minimum) of documented supervised experience, one (1) year (1000 hours minimum) of which must be post-doctoral is required for Idaho licensure. Please list the names and addresses of all supervisors below:**

name	name	name
position & psychology license number	position & psychology license number	position & psychology license number
current address	current address	current address
city, state, zip	city, state, zip	city, state, zip

(continued)

**APPLICATION FOR PSYCHOLOGY LICENSE**  
(continued)

16. **Have you ever taken the National Examination for the Professional Practice of Psychology (EPPP)?** [ ] Yes [ ] No  
(If Yes, we must receive official certification from the interstate reporting service before your application will be processed.)
17. **Are you currently or have you ever been licensed in another state?** [ ] Yes [ ] No  
(If Yes, certification of licensure must be received directly from the issuing authority before your application will be processed.)
18. **Have you ever had a license, certification, or registration revoked, suspended or otherwise sanctioned?** [ ] Yes [ ] No  
(If Yes, a copy of the charges and the final order must be received before your application will be processed.)
19. **Have you ever voluntarily surrendered a license, certification, or registration?** [ ] Yes [ ] No  
(If Yes, a written explanation of the circumstances surrounding the surrender must be attached.)
20. **Do you hold a current Certificate of Professional Qualification from ASPPB?** [ ] Yes [ ] No  
(If Yes, Certification must be received directly from ASPPB before your application will be processed.)
21. **Do you meet the requirements as a Senior Psychologist as outlined in §54-2312A, Idaho Code?** [ ] Yes [ ] No  
If Yes, provide proof of meeting the continuing education requirements for the five years immediately prior to this application and provide references under #23 below that can attest to your work experience for five of the last seven years.)
22. **Have you ever been convicted of any State or Federal felony?** [ ] Yes [ ] No  
(If yes, a detailed statement, a summary of the charges, the final order, any probation or parole documentation, and any other relevant information must be received before your application will be processed.)
23. **Have you reviewed the Idaho laws and rules governing the practice of psychology?** [ ] Yes [ ] No  
The laws and rules and review may be found online at <https://www.ibol.idaho.gov/psy.htm>.
24. **Please attach the names and current addresses of three (3) persons willing to provide reference regarding your character, training, and experience.** (This office will send the required forms to the persons you list. We must receive a letter of reference from each person listed before your application will be processed.)

name	name	name
position & license number	position & license number	position & license number
current address	current address	current address
city, state, zip	city, state, zip	city, state, zip

**AFFIDAVIT**

I hereby certify under penalty of perjury that the responses provided above and those attached to this application are true and accurate to the best of my knowledge and belief. I further certify that I have reviewed and will comply with the Idaho Laws and Rules governing the practice of Psychology and the Ethical Principles of Psychologists of the American Psychological Association. I hereby authorize and direct any person, agency, firm, or other entity to release, upon the request of the Bureau of Occupational Licenses or it's authorized representative, any information, communication, report, record, statement, recommendation, or disclosure that may have bearing on my eligibility for or maintenance of the license for which I am applying. I understand that by signing this form I am authorizing the release of information about me that may otherwise be protected or confidential.

\_\_\_\_\_  
Signature of applicant

State of \_\_\_\_\_, County of \_\_\_\_\_, ss.  
Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

(seal)

\_\_\_\_\_  
Notary Public official signature  
my commission expires \_\_\_\_\_

**APPLICATION FOR PSYCHOLOGY LICENSE**  
**ADDENDUM 1**

Please list below the graduate courses you completed which correspond to the basic education in psychology and check the appropriate box for either semester or quarter hours (see Rule 500.08). (Type or print only)

**Professional Ethics & Standards**

Year	Course Name	Course #	Hours Earned	Semester	Quarter

**Research Design & Methodology**

Year	Course Name	Course #	Hours Earned	Semester	Quarter

**Statistics**

Year	Course Name	Course #	Hours Earned	Semester	Quarter

**Psychometrics**

Year	Course Name	Course #	Hours Earned	Semester	Quarter

**Biological Bases of Behavior** (physiological psychology, comparative psychology, neuropsychology, sensation & perception, psychopharmacology. Requires 5 quarter or 3 semester hours.)

Year	Course Name	Course #	Hours Earned	Semester	Quarter

**Cognitive-affective Bases of Behavior** (learning, thinking, motivation, emotion. Requires 5 quarter or 3 semester hours.)

Year	Course Name	Course #	Hours Earned	Semester	Quarter

**Social Bases of Behavior** (social psychology, group, processes, organization & system theory. Requires 5 quarter or 3 semester hours.)

Year	Course Name	Course #	Hours Earned	Semester	Quarter

**Individual Differences** (personality theory, human development, abnormal psychology. Requires 5 quarter or 3 semester hours.)

Year	Course Name	Course #	Hours Earned	Semester	Quarter

**PRE-LICENSURE PROFESSIONAL PRACTICE  
ACKNOWLEDGEMENT FORM  
ADDENDUM 2**

All applicants must fit into one of the following categories in order to provide psychological services or practice psychology without a psychology license. The practice of psychology that does not qualify under one of the following categories is a serious issue and may constitute a criminal offence. This form refers to the Board Laws and Board Rules that can be downloaded from our website ([www2.state.id.us/ibol/psy](http://www2.state.id.us/ibol/psy)). Please indicate your current status (**check one**):

1. \_\_\_\_\_ Not practicing psychology at any level in any jurisdiction.
2. \_\_\_\_\_ Practicing psychology in a jurisdiction (state or province) other than Idaho.
3. \_\_\_\_\_ Practicing psychology in Idaho under an exempt status consistent with Idaho Code 54-2303 (e.g., a university or a public mental health agency).
4. \_\_\_\_\_ Practicing as a Service Extender in Idaho consistent with Rule 450; a written supervisory plan has been filed with the Board.
5. \_\_\_\_\_ Intend to practice psychology as a Service Extender in Idaho consistent with Rule 450; a written supervisory plan will be filed with the Board within 30 days of initiation of supervised practice.
6. \_\_\_\_\_ Intend to practice psychology as a Psychologist In Training consistent with Rule 600.01 and Rule 600.03: a written supervisory plan will be filed with the Board within 30 days of the initiating supervised practice: NOTE: you must meet Rule 500 (educational criteria) to obtain Board approval to commence practice as a Psychologist In Training.
7. \_\_\_\_\_ Intend to practice psychology as a Psychologist Under Supervision consistent with Rule 600.01 and Rule 600.04; a written supervisory plan will be filed with the Board within 30 days of the initiating supervised practice: NOTE: you must meet Rule 500 (educational criteria) and Rule 200 (EPPP Exam) to obtain Board approval to commence practice as a Psychologist Under Supervision.
8. \_\_\_\_\_ Other  
(explain): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NOTE: If you have a supervisory plan on file with the Board that will not change when you progress from one status to another (i.e., from Service Extender to Psychologist In Training, or from Psychologist In Training to Psychologist Under Supervision), a new plan is not required.